

**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES**



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September 4, 2008

**TO:** Larry Noonan, CEO, AWARE, Inc.  
John O'Donnell, Chairperson, AWARE Board of Directors  
Mike Schulte, AWARE Inc.  
Julie Thilmony, Michelle Bishop, Carla Lawrence, AWARE Billings

**FROM:** Mark Kluksdahl Quality Improvement Specialist  
Developmental Disabilities Program-Billings

**SUBJECT:** Annual Quality Assurance Review

Attached is the Annual Quality Assurance Review for AWARE, Inc. Billings program. The review covers the period from February 12<sup>th</sup>, 2008 through July 31<sup>st</sup>, 2008.

I would like to thank the direct care staff at all of the program sites and the administrative staff in Billings and Anaconda for their assistance during the review and their timely responses to my concerns. I really enjoyed working and meeting all of the staff at the sites I visited for this review. I hope that this review will help AWARE continue to improve the quality of services offered to the people they serve.

**Cc:** Suzn Gehring, Regional Manager-Region III, DDP  
Tim Plaska, Community Services Bureau Chief, DDP  
John Zeeck, Quality Assurance, DDP  
Perry Jones, Medicaid Waiver Specialist, DDP

**AWARE-Billings  
Quality Assurance Review (DRAFT)  
Fiscal Year 2008**

**SCOPE OF THE REVIEW:**

This Quality Assurance Review covers the period from February 12<sup>th</sup> through June 30<sup>th</sup> 2008. The review includes a desk review of AWARE's policies, personnel records, evacuation drills, accreditation, transportation and group home licenses, plus a review of consumer records and interviews with staff during on-site visits to all residential programs and the AWARE Day Program. Six consumers were evaluated during this review. The sample of consumers chosen represented all services offered by AWARE in Billings MT.

**GENERAL AREAS:**

**A. ADMINISTRATIVE**

**Significant Events from the Agency:**

- **AWARE added IFES services in Region III**

**Policies and Administrative (DDP) Directives:**

The AWARE policy and procedure manual was reviewed and found to be in compliance with DDP directives. Since the last review, AWARE has updated their policy manual. The following changes are recommended. Change references from IP to IP/PSP. The forms for the PSP do not correspond to the numbered forms in AWARE's Policy Manual. Please change these sections to correspond to the PSP. Work staff or a designated Day Service Manager should attend all PSP (#601). Under Approval Committees the 2<sup>nd</sup> sentence should take out Physical MANDT and replace with HELP/Physical Hold Technique. Please review manual again and take out any other

## **Policies and Administrative (DDP) Directives: (continued)**

references to Physical MANDT and replace with HELP/Physical Hold Technique. Two other areas of the policy manual should be changed. One is under travel reads travel out of the Anaconda area should be changed to travel out of the local area or something similar so it corresponds to that particular community. Also under advertisements for jobs read Deer Lodge County papers. This should be changed to local news papers so it reflects that particular area.

### **Accreditation:**

AWARE underwent CARF accreditation in the Spring of 06 and received a 3 year accreditation. There were no deficiencies noted in the CARF review for services in Billings. Aware is due for another CARF accreditation in 09. This is no longer a requirement for DD services.

### **Agency Internal Communication:**

AWARE in Billings has five group homes, two supported living sites and a day program. During the last year AWARE's day program manager resigned. This position remained open for most of this year until recently when it was filled. AWARE responds to critical incidents and provides needs trainings or addresses issues within their agency in a timely fashion. In visiting with staff and consumers it appears that all concerns are addressed in a timely fashion.

### **Licensing:**

The following deficiencies were noted in the last year.

The oven door at Edmond home does not seal as it is loose. The interior of the oven had not been cleaned in some time, burned and baked on food was present. AWARE spoke with the landlord regarding the oven on 3/6/08. The landlord would replace or repair the oven by 4/1/08.

At the Heritage home it was indicated that the two overstuffed chairs and the love seat in the living room are showing signs of considerable wear. There are holes in the cushion on one and all are stained, soiled, and worn. AWARE indicated that a new love seat and sofa were delivered to the Heritage home and the old furniture removed on 3/1/08.

Also at Heritage on 2/24/08 one consumer's medication was not charted as given on the medication record. On 2/25/08 two consumers medications were not charted as given on the medication record. AWARE reviewed this and found it was determined that a topical for one consumer was not signed for in the medication administration record on 2/24/08 nor was it signed for on the medication checklist which is initialed by a second staff. On 2/25/08 the topical was again not signed for. However, the second medication, a stool softener was not signed for because

**Licensing: (continued)**

the last dose was given on 2/24/08(Sunday) and had not been refilled yet. All staff involved in the incident received a verbal warning which were placed in the personnel files. The residential coordinator reviewed the medication administration policy and practice with all staff in the home by 3/31/08.

All findings with Licensing are considered closed and appropriate actions were completed to resolve all the deficiencies.

**Fiscal:**

The DPHHS auditors preformed a desk review of AWARE's A-133 audit for the year ending June 30<sup>th</sup>, 2007. They found that the audit preformed on compliance was unqualified with no material weaknesses or significant deficiencies for the year. Previous recommendations for segregation of duties had been implemented. The programs sampled were not DDP contracted services.

Our office receives financial information, but sometimes we need to request routine reports. In the future please remember that because AWARE has contracts in both regions 3 and 4 financial reports need to be sent to both offices.

**Appendix I:**

There were no items negotiated in Appendix I with AWARE this year.

**B. WORK/DAY/COMMUNITY EMPLOYMENT****Programmatic Deficiencies/Corrections to Deficiencies:**

During my Quality Assurance review I sampled six consumers. One consumer (JH) was missing implementation strategies and data sheets. QAOS # 7 deals with this issue. This has been corrected and is considered closed at this time.

## **HEALTH & SAFETY**

### **Vehicles:**

AWARE conducts regular vehicle inspections for the vehicles used to transport consumers. Staff operating the agency vehicles are licensed and trained. See additional information under transportation.

### **Consumers:**

AWARE has met the health and safety needs of consumers served. Medical concerns and injuries were promptly handled by the AWARE day staff.

### **Medication Safety :( training, programs, prns, med certification, errors)**

PRN protocols were available for the random sample of consumers looked at.

### **Sites: (Appearance, evacuation drills, emergency backup)**

The day program is always clean and well maintained. During random visits throughout the year staff ratios have been more than adequate. When safety concerns have been noted in the work area, staff has addressed them promptly. Fire drills have been done monthly. Emergency backup is readily available to staff since they are located in the same building as the administrative staff.

The sprinkler system is up to code and is serviced regularly. It is suggested by DDP that the office area have smoke detectors available since it appears that this area is not part of the sprinkler system that was installed for the rest of the Day Program.

## **SERVICE PLANNING & DELIVERY**

### **Individual Planning (Assessment, Implementation, and Monitoring)**

There were six individuals selected for this review. One consumer (JH) did not have any implementation strategies for her work outcome and action steps. QAOS # 7 deals with this issue. Upon subsequent visits this has been corrected. All other consumers had the required implementation strategies and data that correspond to their PSP.

**Leisure/Recreation:**

Consumers in the day program are involved in a wide variety of leisure and recreation activities ranging from community outings, to music classes, to computer activities to arts and crafts activities.

**Client Rights (Restrictions), Grievance Procedure:**

There were no issues reported involving violations of client rights during the reporting period.

**Medical/Health Care:**

Medical and health care needs were promptly taken care of by the day program staff as they occurred throughout the year.

**Emotionally Responsible Care Giving:**

During my quarterly on-site visits it was noted that the staff and consumers were engaged in activities and staff had appropriate interactions with the consumers present at the time of the visit.

**Consumer Surveys:**

Consumer surveys were completed for most of the individuals in the survey by their case managers. These were reviewed and no issues or concerns were noted with AWARE's services.

**INCIDENT MANAGEMENT****APS:**

There were no issues in the day program involving Adult Protective Services this year.

**Incident Reporting:**

Incidents have been reported in a timely manner from the Day Program.

### **Critical Incident Investigations:**

Critical incidents have been reported on time and investigations have been completed within the required time-frames. There were two critical incidents which occurred at the day program during the past year. Both involved use of restraints using the H.E.L.P. technique (therapeutic holds). These were handled appropriately and reviewed in the Incident Management Committee.

### **C. RESIDENTIAL**

#### **Programmatic Deficiencies/Corrections to Deficiencies:**

There were no programmatic deficiencies in the AWARE residential sites.

### **HEALTH & SAFETY**

#### **Vehicles:**

AWARE conducts regular vehicle inspections for the vehicles used to transport consumers. Staff operating the agency vehicles are licensed and trained. See additional information under the transportation section.

#### **Consumers:**

AWARE continues to meet the health and safety needs of the consumers they serve. Medical concerns are addressed promptly as are safety concerns. Dental exam concerns have been raised.

AWARE's policy indicates that dental exams will occur yearly or as needed. It is suggested by DDP that consumer records be reviewed and dental exams be scheduled for those consumers that are cooperative and do not need sedation. For those requiring sedation AWARE and Case Management need to work together and continue to explore options for these consumers.

AWARE program directors have put in a lot of time in backing up the residential sites as well as backing up the day program. QAOS #5 indicates all of the hard work they have done.

At this time there is no communication issues brought to my attention from Case Managers

**Medication Safety: (training, programs, prns, med certification, errors)**

AWARE has a very low rate of medication errors. AWARE had a total of 5 medication errors during this review. QAOS # 6 addresses AWARE's commitment to reducing medication errors in their programs. The PRN protocols needed to be re-written. AWARE has since submitted the proper medication protocols for PRN's at this time. These will continue to be monitored and adjusted according to any new policies from DDP.

There were two instances during random visits where staff who was not medication certified were signing the MAR sheets. In one instance (QAOS #3) the staff in question was double checking on individuals who were independently taking their medications. In another instance, QAOS #2, staff administered medication and was not medication certified. AWARE took immediate action by instructing the staff to take the medication test as soon as possible and to not pass any medications until it was passed. To avoid having this happening again, the program directors have begun reviewing staff certification monthly with the group home managers. Both QAOS #2 and #3 have been adequately addressed.

**Sites:**

Six of the seven residential sites were found to be clean and well maintained during the course of the year. During this review Hyacinth was found to be cluttered and the carpets were dirty. It is suggested that the carpets be cleaned and some of the clutter be pick up and organized. Subsequent visits indicate that these issues at the Hyacinth home have improved. The Hyacinth home looks much better. During random visits to all homes, staff ratios were always met. During this review it was noted that the fire extinguishers at Bender and Evergreen were past due on there inspection dates.

**Evacuation Drills:**

Emergency evacuation drills were done monthly in each residential site. It was impressive that staff have begun having drills during the night shift. Several were noted to occur at midnight or later. AWARE has also done a good job of taking steps to make sure there are plans in place for individuals who have historically had difficulty exiting during drills. AWARE also completes tornado and earthquake drills.



## **SERVICE PLANNING & DELIVERY:**

### **Individual Planning (Assessment, Implementation, and Monitoring)**

Six consumers PSP's were chosen during this review. All consumers PSP's were looked at. All PSP's had the required information and outcomes and action steps had corresponding implementation strategies. All PSP's had enough outcomes and action steps to meet the billing rate for each consumer in the sample.

### **Leisure/Recreation:**

Leisure and recreation activities were offered daily at the residential sites. Several of the homes have an impressive number and variety of community activities each month. It is suggested that in-home leisure activities could be more detailed. An example of this is putting "TV" or "movie" as an in-home leisure activity could be spelled out more. A staff could put what the show it was or what movie they were watching. Overall, community recreational activities is a strong area for AWARE.

### **Client Rights:**

Client rights are respected at most of the homes. All house rules at Hyacinth and Wyoming homes have been removed. When a right needs to be restricted AWARE works with the Case Manager and follows all of the procedures to get these restrictions completed.

### **Medical/Health Care:**

Most medical and health care needs have been promptly dealt with during the course of the year. Dental exams continue to be a problem. It is recommended that AWARE get those consumers who are cooperative to a Dentist and get exams done. For those consumers that require sedation AWARE needs to continue to check options and inform Case Managers of there efforts.

### **Emotionally Responsible Care Giving:**

During my quarterly on-site visits it was noted that the staff and consumers were engaged in activities and staff had appropriate interactions with the consumers present at the time of the visit.

**Consumer Surveys:**

Consumer surveys were completed by case management for most of the individuals chosen for this review. There were no issues or concerns on the part of consumers in these surveys.

**STAFFING**

**Screening/Hiring**

Personnel records were reviewed for seven employees covering a variety of positions such as relief, full time, and part time employees. All were found to have documentation of orientation training. The main AWARE office in Anaconda was contacted and assisted in reviewing personnel files for criminal background checks. All seven employees were found to have background checks completed before the start of employment with AWARE.

**Orientation/Training:**

All staff interviewed during the review stated they received training before starting work with consumers. Training includes blood borne pathogens, fire safety, and a complete orientation and training book. Staff is assigned to homes with the opportunity train a minimum of sixteen hours with the manager or senior staff before being assigned on their own to the home. All homes have "home-specific" training in place. All sample staff reviewed had completed Tier 1 of the CDS in a timely manner.

**Ratios:**

Staff to client ratios was checked at least quarterly throughout the year at both peak and non-peak times. Staff coverage was found to be adequate and met the health and safety needs for the consumers served by AWARE.

**Staff Surveys:**

Staff surveys were completed with one staff from each home. Staff still had problems with when to call APS for suspect abuse, neglect, and exploitation issues. QAOS # 3 was given for this issue. There was three out of eight staff that could not identify APS if suspect abuse neglect and exploitation had occurred. One staff said they would notify their supervisor before calling APS. This is an area of training that needs to happen. I have talked to AWARE and could provide training in conjunction with APS to help this along as well as AWARE continuing to train their staff on an ongoing basis.

**Staff Surveys: (continued)**

In all other areas of the staff survey, (client rights, behavior support plans, orientation/training, medication supervision, behavior support plans, emotionally responsible care giving, PSP's, and incident reporting) staff answered the questions correctly except the following. One staff at the Edmond group home could not identify the target behaviors for DC and indicated that she received no formal training on the program. Three staff had trouble identifying what a PSP is

based on. This could be a result of the residential program directors covering the day program as well as their respective homes. It was indicated to me that this has cut down on the amount of training they can do at the homes. Some of the slack is picked up by the house managers but with turn over this can affect the quality of training. A new Day Program Manager has recently been hired. It is hoped that this will free up some time for the Residential Program Directors to spend more time training and monitoring their programs.

## **INCIDENT MANAGEMENT**

### **APS:**

At the time of this review there are no APS issues to report.

### **Incident Reporting:**

Incidents have been reported in a timely manner throughout most of the year. AWARE has a computer generated system that sends IR's to the QIS and the appropriate Case Manager. There have been minor problems with the system but overall it is operating well.

The incident management committee has met weekly on a statewide basis. There is one representative from the Billings office on this committee as well as a QIS and a State Case Manager. This has worked well over the last year. No changes are recommended at this time.

Meeting minutes are available through their computer system. No changes to the meeting minutes are needed at this time.

### **Critical Incident Investigations:**

AWARE Billings has had a total of 18 critical incidents during this review. All critical incident investigation short forms were submitted to DDP in a timely manner. All critical incidents were reviewed in the incident management committee meetings and discussions center on how to prevent these from occurring again. AWARE was responsive to any suggestions made by DDP and was cognizant of any trends that might be occurring in their programs. There are no deficiencies noted at this time.

## **D. TRANSPORTATION**

### **Accomplishments:**

- **AWARE continues to promote safety in their vehicles that include winter safety kits in all of their vans.**
- **AWARE staff continues to perform daily visual checks on the vehicle**

**and one staff has been assigned to do maintenance on each vehicle weekly.**

**Programmatic Deficiencies/Corrections to Deficiencies:**

No deficiencies were noted in AWARE's transportation services.

**General:**

AWARE has a comprehensive drivers training program in place with a written test. Staff are checked for current drivers licenses and any vehicle stops while on or off duty must be reported to their immediate supervisor. AWARE has a vehicle driver pre-check safety list which is used daily and staff is trained on. They also complete a weekly maintenance check on all vehicles. This task is assigned to one staff that checks all of the vehicles. Repairs and general service is completed by Tireama in Billings.

## **CONCLUSION**

Overall, I was very impressed with AWARE's services in Billings. Staff is very responsive to concerns. Consumers are receiving good services in AWARE's programs. DDP would like to thank all of the AWARE staff for their time and assistance in completing this review.

**Findings Closed:**

The following deficiencies have been responded to and addressed satisfactorily.

QAOS # 1-closed

QAOS # 2-closed

QAOS # 7-closed

**Findings Open/Plan of Correction:**

QAOS # 3-open

QAOS # 4-open

AWARE policy manual changes noted in the review under the section of Policies and Administrative (DDP) Directives.

Dental exams as needed for consumers who are cooperative and continued follow-up on dental exams for those who require sedation.

**Mark Kluksdahl DDP QIS**

**Date: 7/30/08**